

CALABOGIE HIGHLANDS GOLF RESORT

2019 MEMBERSHIP Form

Membership Selection:		Date:	
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PLEASE PRINT Complete All Required Fields	MEMBER	MEMBER SPOUSE	MEMBER FAMILY
NAME:			
ADDRESS:			
CITY:			
POSTAL CODE:			
HOME PHONE:			
CELL PHONE:			
EMAIL:			
DATE OF BIRTH:	M D Y	M D Y	M D Y

Membership Fee:	\$
Power Cart:	\$
Spouse Power Cart:	\$
Driving Range:	\$
Subtotal:	\$
HST 13%:	\$
Total Payable:	\$

Payment Method			
e-Transfer:	<input type="checkbox"/>	Mail To: calabogielinwood@outlook.com	
Cheque:	<input type="checkbox"/>	Cheque #:	Payable to Calabogie Highlands Golf Resort
Visa:	<input type="checkbox"/>	#	Expiry / CVV
Mastercard:	<input type="checkbox"/>	#	Expiry / CVV

Acknowledgement:

By signing this agreement, I acknowledge that I have read and agree to uphold Article V, Section A-3b of the Calabogie Highlands Members Association Constitution and By Laws, as displayed on the Calabogie Highlands Golf Resort Website.

I agree to receiving Calabogie Highlands members events and promotion material by email communication.

Signature: _____
Applicant Must Be 18 To Sign Membership Agreement

Calabogie Highlands Golf Resort
981 Barryvale Road
Calabogie ON K0J 1H0

613-752-1234 x 5
info@calabogiehighlandsgolfresort.com



Submit Form